

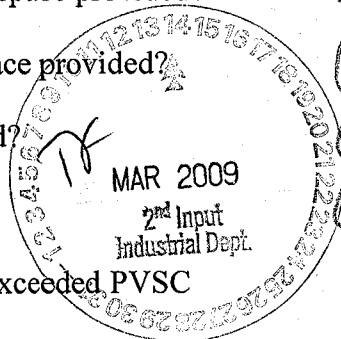
## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

## CRAFT TEXTILE

27220136-outlets 1 &amp; 2

## 1. MONTH OF JANUARY 1, 2009 THRU JANUARY 31, 2009

- |     |  |                                    |                                    |                                      |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2.  | Is Outlet # (8 digit) Correct?   | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 3.  | Is average Total flow-gal.day stated in space provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 4.  | Is max. Total flow-gal day stated in space provided?                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 5.  | Is method used to calculate water stated?                                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 6.  | Are number of working days stated?   | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 7.  | Are there any parameters which have exceeded PVSC Local Limits?            | <input type="radio"/> Y            | <input checked="" type="radio"/> N | N/A                                  |
| 8.  | Is proper compliance/non-compliance statement provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 9.  | Have correct number of samples been submitted?                             | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 10. | Has PHC result been listed on MR-1 report?                                 | <input type="radio"/> Y            | <input type="radio"/> N            | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 12. | Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 13. | Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 14. | Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 15. | Has NJDEPE certified lab been used?  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 17. | Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 18. | Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 19. | Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 20. | Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A                                  |
| 21. | Remove Arsenic from report if sampling not required                        | <input type="radio"/> Y            | <input type="radio"/> N            | <input checked="" type="radio"/> N/A |



c. y. m.

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

Craft Textile

27220136

First Reviewer: comments on deficiencies completeDate Reviewed 3/12/09 Date sent to user \_\_\_\_\_Date due back \_\_\_\_\_ Reviewer C.J.M.

Second review comments on deficiencies

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

## PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.  
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761  
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501  
 Category & Subpart: 9999 OUTLET # 1  
 Contact Official: H.R. Casparian Telephone # 973-278-3818  
 New Customer ID/Outlet ID: 27220136-1 Old Outlet Designation: 27400061

FEB 2 2009

## MONITORING PERIOD

START	END
1/1/2009	1/31/2009
m/d/yr	m/d/yr

Regulated Flow(gal/day)  
 Total Flow (gal/day)

Average Maximum  
 N/A

35232 38755

Method Used:

Gallons in less 5% evap. divided by  
 production days in month (11)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.0448		mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.00664		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
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	Sample Measurement					
	Permit Requirement					

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Certification of Non-Use if applicable ( use additional sheets)

N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits:	ZN , CU	> Local Limits:	N/A
< Threshold Values	ZN , CU	> Threshold Values:	N/A

Craft Textile Printing Co., Inc., is in compliance with local limits.


Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal

  
executive or authorized agent

H.R. Casparian-President

Name-Title

1/30/2009

Date

PVSC Form MR-1 Rev: 5 3/91 P2



## PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.  
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761  
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501  
 Category & Subpart: 9999 OUTLET # 2  
 Contact Official: H.R. Casparian Telephone # 973-278-3818  
 New Customer ID/Outlet ID: 27220136-2 Old Outlet Designation: 27400062

## MONITORING PERIOD

START	END
1/1/2009	1/31/2009
m/d/yr	m/d/yr

Average Maximum  
 Regulated Flow(gal/day) N/A  
 Total Flow (gal/day) 16635 18299

Method Used:

Gallons in less 5% evap. divided by  
 production days in month (9)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.0279		mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.025		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
* DROP POX *	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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PVSC Form MR-1 Rev: 4 6/87 P1

Certification of Non-Use if applicable ( use additional sheets)  
N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits:	ZN , CU	> Local Limits:	N/A
< Threshold Values	ZN , CU	> Threshold Values:	N/A

Craft Textile Printing Co., Inc., is in compliance with local limits.

Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal

H.R. Casparian  
executive or authorized agent

H.R. Casparian-President

Name-Title

1/30/2009

Date

PVSC Form MR-1 Rev: 5/3/91 P2



284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

## Report of Analysis

Client:	Craft Textile Printing	Date Collected:	1/6/2009
Project:	Permit Renewal	Date Received:	1/6/2009
Client Sample ID:	OUTLET1	SDG No.:	A1036
Lab Sample ID:	A1036-01	Matrix:	WATER
		% Solids:	0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	6.640	J	ug/L	2.400	1	1/8/2009	1/8/2009	EPA 200.7 ICP 4
7440-66-6	Zinc	44.8		ug/L	4.800	1	1/8/2009	1/8/2009	EPA 200.7 ICP 4

Comments:

U = Not Detected  
DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value  
B = Analyte Found In Associated Method Blank  
N = Spiked sample recovery not within control limits 6



284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

### Report of Analysis

Client:	Craft Textile Printing	Date Collected:	1/6/2009
Project:	Permit Renewal	Date Received:	1/6/2009
Client Sample ID:	OUTLET2	SDG No.:	A1036
Lab Sample ID:	A1036-02	Matrix:	WATER
		% Solids:	0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	25.0		ug/L	2.400	1	1/8/2009	1/8/2009	EPA 200.7 ICP 4
7440-66-6	Zinc	27.9		ug/L	4.800	1	1/8/2009	1/8/2009	EPA 200.7 ICP 4

Comments:

U = Not Detected  
DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value  
B = Analyte Found In Associated Method Blank  
N = Spiked sample recovery not within control limits 7



# Chemtech

## CHAIN OF CUSTODY RECORD

**284 Sheffield Street, Mountainside, NJ 07092**  
**(908) 789-8900 Fax (908) 789-8922**  
**[www.chemtech.net](http://www.chemtech.net)**

CHEMTECH PROJECT NO.

QUOTE NO.

A 1036

COC Number

075166

CLIENT INFORMATION				CLIENT PROJECT INFORMATION				CLIENT BILLING INFORMATION									
COMPANY: CRAFT TEXTILE PRINTING CO., INC.				PROJECT NAME:				BILL TO:									
ADDRESS: P.O. Box 2761				PROJECT NO.:				ADDRESS:									
CITY: PATTERSON STATE NJ ZIP: 07509-2761				PROJECT MANAGER:				CITY:									
ATTENTION: H.R. CASPARIAN				e-mail:				STATE:									
PHONE: 973-278-3818 FAX: 973-523-8677				PHONE:				ATTENTION:									
				FAX:				PHONE:									
DATA TURNAROUND INFORMATION				DATA DELIVERABLE INFORMATION				ANALYSIS									
DAYS: _____ HARD COPY: _____ EDD: _____ PREAPPROVED TAT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS				<input type="checkbox"/> RESULTS ONLY <input type="checkbox"/> USEPA CLP <input type="checkbox"/> RESULTS + QC <input type="checkbox"/> New York State ASP "B" <input type="checkbox"/> New Jersey REDUCED <input type="checkbox"/> New York State ASP "A" <input type="checkbox"/> New Jersey CLP <input type="checkbox"/> Other _____ <input type="checkbox"/> EDD FORMAT													
CHEMTECH SAMPLE ID	PROJECT IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE	SAMPLE COLLECTION		# OF BOTTLES		PRESERVATIVES				COMMENTS					
				DATE	TIME			1	2	3	4	5	6	7	8	9	
1.	Outlet #1	X	GC	1/6/09	10 AM	2		X									A - HCl B - HNO <sub>3</sub> C - H <sub>2</sub> SO <sub>4</sub> D - NaOH E - ICE F - Other
2.	Outlet #2	X	GC	1/6/09	10 AM	2		X									
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
<b>SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY</b>																	
RELINQUISHED BY SAMPLER:		RECEIVED BY:		DATE/TIME:		DATE/TIME:		CONDITIONS OF BOTTLES OR CODERS AT RECEIPT:		COOLER TEMP.		ICE IN COOLER?					
1. [Signature]		1. [Signature]		1/6/09		1/6/09		Compliant		Cooler Temp. 4°C		yes					
RELINQUISHED BY:		RECEIVED BY:		DATE/TIME:		DATE/TIME:		Comments:									
2. [Signature]		2. [Signature]		1/6/09		1/6/09		MeOH extraction requires an additional 4 oz jar for percent solid.									
3. CHRIS TOPHER GAEGB		3. CHRIS TOPHER GAEGB		1/6/09		1/6/09											
SHIPPED VIA: CLIENT: <input type="checkbox"/> HAND-DELIVERED <input type="checkbox"/> OVERNIGHT				CHEMTECH: <input checked="" type="checkbox"/> PICKED UP <input type="checkbox"/> OVERNIGHT				Shipment Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO									
Page 1 of 1				YELLOW - CHEMTECH COPY				PINK - SAMPLER COPY									

**NOT DOWN BOX**NON USE CERTIFICATION MONITORING REPORT  
LOCAL LIMITSME: CRAFT TEXTILE

LING ADDRESS: \_\_\_\_\_

ILITY LOCATION: \_\_\_\_\_

EGORY &amp; SUBPART \_\_\_\_\_

PERMIT #: \_\_\_\_\_

OUTLET #: 27220130-2

TACT OFFICIAL: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ve been authorized to certify non-use for the following heavy metals:

nic \_\_\_\_\_ Lead \_\_\_\_\_ Zinc \_\_\_\_\_

nium \_\_\_\_\_ Mercury \_\_\_\_\_

nium \_\_\_\_\_ Molybdenum \_\_\_\_\_

er ☒ Nickel \_\_\_\_\_

SAMPLE DATE

MONTH DAY YEAR

1 06 09

METER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
<b>COPPER</b>	Sample Measurement	<u>0.025</u>	<u>n</u>	<u>mg/l</u>	<u>Comp.</u>
	Threshold Value	<u>0.092</u>			
	Sample Measurement				
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	Threshold Value				

/SC Form MR-3 10/96